

Do Not Resuscitate (DNR) Request & Acknowledgement Form

I acknowledge that I have been informed of the facility’s policies and procedures with respect to Do Not Resuscitate (DNR) orders and withdrawing of cardiopulmonary resuscitation (CPR) procedures. I understand that a DNR request does not take effect until the treating physician issues a DNR order and the order has been placed in my medical chart. I hereby authorize and request that my treating physician issue a Do Not Resuscitate order.

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 Resident

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Legal Representative (Guardian, Attorney in Fact); Family Representative

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 Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Witness